POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HN		05-02-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NP	585	5-14-01
RESPONSE FORMALITY REVIEW	M.H	625	06-15-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim — Date

Column 1 (Claims 1–50):
50 has: + N N

Column 2 (Claims 51–100):

Claim	Original		
51	+	N	N
52	+	N	N
53	+	N	N
54	+	N	N
55	+	N	N
56	+	N	N
57	+	✓	✓
58	+	✓	✓
59	+	O	O
60	+	O	O
61	+	O	O
62	+	✓	✓
63	+	O	O
64	+	N	N
65	+	N	N
66	+	N	N
67	+	N	N
68	+	N	N
69	+	N	N

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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